

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4378

4378

STATE FILE NUMBER
63-032135

FILED AUG 20 1963

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS CITY | | c. CITY OR TOWN Kansas City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital | | d. STREET ADDRESS 611 E. 90th Terr | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First EARNEST Middle FRANKLIN Last BEAMER | | 4. DATE OF DEATH Month August Day 2 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-25-19 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Router | | 10b. KIND OF BUSINESS OR INDUSTRY Trucking | 9. AGE (last birthday) 44 yrs |
| 13a. FATHER'S NAME Clifford Beamer | | 13b. MOTHER'S MAIDEN NAME Dorothy Shores | 14. NAME OF HUSBAND OR WIFE Edith Beamer |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW II | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT VA Hospital Official Records | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA DUE TO (b) PULMONARY EDEMA AND HEMORRHAGE DUE TO (c) HODGKIN'S DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED] | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED] | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA | |
| 20f. CITY, TOWN, OR LOCATION VA | | COUNTY [REDACTED] STATE [REDACTED] | |
| 21. attended the deceased from July 29, 1963 to August 2, 1963 Death occurred at 1:34 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 8-2-63 | |
| 22a. SIGNATURE [Signature] | | 22b. ADDRESS VA Hospital, Kansas City, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 8-5-1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | | 23d. LOCATION (City, town, or county) Kansas City, Missouri | |
| 24. FUNERAL DIRECTOR Mellody McGilley-Eylar Funeral Home | | 25. DATE RECD. BY LOCAL REG. 8-5-63 | |
| 26. REGISTERAR'S SIGNATURE [Signature] | | 27. ADDRESS 1800 E. Linwood, Kansas City, Mo. | |

DOCUMENT

MEDICAL CERTIFICATION

Robert W. Brown

BY AFFIDAVIT OF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Hackleman
Licensed Embalmer No. 4573

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.